

# Wisconsin Veterans Home at King

## Adverse Event Reporting

Date of Origin: December 1988	No.: 01-00-16a
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### Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

### Purpose:

- To have a positive impact in improving member care, treatment and services, and preventing adverse events.
- To focus the attention of an organization that has experienced an adverse event on understanding the factors that contributed to the event and work toward the prevention of similar future events to improve quality.

### Related Documents:

- [124-00-43](#) Nursing Member Incident Reporting
- [07-00-02](#) Management of Member Medical and Behavioral Emergencies
- [111-00-33](#) Manual and Motorized Wheelchairs and Other Ambulation Assistive Devices
- [01-01-41](#) Member Smoking at WVH-K
- [01-01-38](#) Member Grievance
- [VHA Handbook 1050.01](#)

### Definitions:

- **Event:** a discrete, auditable, and clearly defined occurrence.
- **Adverse Event:** an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.
- **Preventable Serious Adverse Events ("PSAEs") for Nursing Facilities Enrolled in the Medical Assistance Program:** If an event listed below occurs in the facility, the event is a PSAE when all of the following criteria are satisfied:
  - The event was preventable and within control of the facility. To be preventable, the event could have been anticipated and prepared for, but, nonetheless, occurred because of an error or other system failure; and
  - The event was serious. The event is serious if the event subsequently results in death or loss of body part, disfigurement, disability or loss of bodily function lasting more than seven days or remain present at the time of discharge from a nursing facility; and
  - The event is the result of an error or other system failure within the nursing facility.
- The following is an example of some of the types of adverse events:
  - **Surgical Events**
    - ❖ Surgery performed on the wrong body part.
    - ❖ Surgery performed on the wrong resident.
  - **Product or Device Events**
    - ❖ An event associated with the use of contaminated drugs, devices or biologics provided by the nursing facility.
    - ❖ An event associated with the use or function of a device in resident care in which the device is used or functions other than as intended.
  - **Resident Protection Events**
    - ❖ Resident suicide or attempted suicide.

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- ❖ Resident elopement-disappearance for more than four hours or a missed treatment opportunity.  
[07-00-09](#) Elopement/Missing Member
- **Care Management Events**
  - ❖ A medication error (such as, errors involving the wrong drug, wrong dose, wrong resident, wrong time, wrong rate, wrong preparation, or wrong route of administration).
  - ❖ An event related to hyper- or hypoglycemia (Diabetic ketoacidosis, Nonketotic hyperosmolar coma, Diabetic coma, Hypoglycemic coma) the onset of which occurs while the resident is being cared for in a nursing facility.
- **Environmental Events**
  - ❖ A burn incurred from any source while being cared for in a nursing facility.
  - ❖ An event related to a fall (fractures/dislocations/intracranial injuries/crush injuries/burns) while being cared for in a nursing facility. [105-00-16](#) Member Falls
  - ❖ An event associated with the use of restraints or bedrails while being cared for in a nursing facility.
- **Criminal Events and Unlawful Activities**
  - ❖ Physical or Sexual assault of a member.
  - ❖ A physical assault (that is battery).
- **Preventable:** describes an event that could have been anticipated and prepared against, but occurs because of an error or other system failure.
- **Near-miss or close call:** Serious error or mishap that has the potential to cause an adverse event but fails to do so because of chance or because it is intercepted.
- **Sentinel Event-**An adverse event that results in the loss of life or limb or permanent loss of function.
  - Some examples include:
    - Any member death, paralysis, coma or other major permanent loss of function associated with a medication error.
    - Any suicide of a member, including suicides following an unauthorized departure from the facility.
    - Any elopement of a member from the facility resulting in a death or major permanent loss of function.
    - Any procedure or clinical intervention, including restraints, resulting in death or a major permanent loss of function.
    - Battery, homicide or other crime resulting in a member death or major permanent loss of function.
    - A member fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.

### Policy:

- All staff shall report adverse events and near misses to their supervisor within 24 hours of discovery. Sentinel events shall be reported immediately. The event shall be listed on the [WDVA 3405](#) 24 Hour-Report ([108-03-01](#)) as appropriate and the facility Event Report shall be completed ([WDVA 3282](#)).
- When an event occurs that meets the definition of an adverse event, it shall be investigated to determine the underlying system problems and/or failures (e.g., via root cause analysis).

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- The facility Executive Director shall be notified immediately for sentinel events and on the first business day after discovery for other adverse events. The Executive Director shall notify the Commandant/designee.
  - Facility administration shall report all sentinel events to the director of the Veterans Administration Hospital of jurisdiction within 24 hours of identification.
  - Facility management shall establish a mechanism to review and analyze a sentinel incident resulting in a written report to the Director of the Veterans Hospital of jurisdiction no later than 10 working days following the event.
  - Sentinel incidents may also meet criteria for reporting to the WI Department of Quality Assurance (DQA) and / or local law enforcement. See [01-01-20](#) Prohibition and Prevention of Member Abuse, Neglect, and Exploitation.
- The interdisciplinary team shall develop a course of action to correct the adverse event and prevent recurrence.
- Adverse events shall be incorporated into the facility QAPI Plan.
- Facility Incident / Accident / Property Damage Report, [WDVA 3282](#), shall not be a part of a member's clinical record.
- Documentation of the facts of the event and member monitoring shall appear in the member's electronic clinical record.

### Procedure:

#### Sentinel Incidents

1. Anyone who witnesses or discovers an event that meets the definition of a sentinel event reports it immediately to their supervisor, who immediately reports it to the Executive Director. The Executive Director notifies the Commandant / designee.
2. Administration or their designee notifies the Director of the Veterans Hospital (VA) of jurisdiction or designee within 24 hours to notify them of the event. The incident may also require reporting to the Department of Quality Assurance (DQA). See [01-01-20](#).
3. Within 3 days of the event Administration calls together appropriate members of the staff to review and analyze the event, perform root cause analysis, develop an action plan and complete any VA and/or DQA designated reports.
4. Within 5 days analysis is completed and a final report submitted to the DQA for those events reported to DQA.
5. Within 10 days analysis is completed and a final report submitted to the Director of the VA Hospital of jurisdiction or designee for those events reported to the VA.

#### General Incident Reporting

1. Responsibility of the person witnessing or discovering the event :
  - A. Complete Facility Incident / Accident / Property Damage Report [WDVA 3282](#) (Form may be completed on line, type in signature of writer.)
  - B. If member is involved, immediately notify the nursing supervisor on duty.
  - C. If volunteer/visitor/vendor is involved immediately notify the Executive Director or designee by telephone. Contact Security as needed.
2. Send completed Facility Incident /Accident /Property Damage Report [WDVA 3282](#) to:

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- A. The Director (DON) or Assistant Director of Nursing (ADON) for review. Information from the report may be summarized or quoted by the licensed nurse when documenting in the clinical record.
  - 1) The DON/ADON determines if event requires notification of the building Executive Director.
  - 2) Executive director reviews the criteria for adverse events and determines if a root cause analysis and action plan is required.
  - 3) If required, an interdisciplinary team appropriate to the event is formed to complete the root cause analysis, action plan, and ensure implementation.
- B. Volunteer/Visitor/Vendor events are sent to the Executive Director.
- C. Requests for reimbursement are sent to the appropriate supervisor, who then forwards the request to the Finance Supervisor. The Property damage section must be completed before a decision is made to provide reimbursement. A repair bill or the damaged article accompanies the form.
3. The building Executive Director keeps a rolling year of reports. After a year, reports are sent to medical records (as appropriate) to be kept on file for ten (10) years.

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## VOLUNTEER/VISITOR/VENDOR INCIDENT/ACCIDENT REPORTING

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### Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

### Related Documents:

- Adverse Event Reporting, [01-00-16A](#)

### Definitions:

- **Incident** – An occurrence which is out of the ordinary for a visitor/volunteer or the routine operation of the WVH-K. This may result in a specific injury, put someone or something at risk for injury or damage or be a disruption of routine operation at WVH-K (i.e., breaking or disregard of smoking or alcohol rules, falls, inappropriate behavior, etc.).

For Incidents involving Member Abuse, Neglect, Mistreatment, Exploitation, Misappropriation of Property and Injuries of Unknown Source see definitions in [01-01-20](#). For Formal Complaints regarding members see Member Grievance [01-01-38](#). For Nursing Staff see Nursing Member Incident Reporting, [124-00-43](#).

### Policy:

#### Visitor/Volunteer/Vendor Reporting of Observed Incidents

- Visitors/vendors/volunteers shall immediately report to Security any situations that are observed that involve the safety and well-being of others. (Example: member to member altercations, anyone physically or verbally abusing another person, environmental situations that could cause harm to others, etc.) Security immediately reports this information to the nursing supervisor on duty.
- For situations where the volunteer or visitor is involved in an off grounds trip or function involving WVH-K members:
  - For non-medical emergencies: Report immediately to WVH-K staff person if present, they shall call the facility or 911 as appropriate. If no staff person is present then WVH-K Security shall be called (1-715-258-5586 ex. 2220) for assistance and direction.
  - For medical emergencies: Report immediately to WVH-K staff person if present, they shall call the facility or 911 as appropriate. If no staff person is present then 911 shall be called, stay with member until help arrives, then WVH-K Security shall be called (1-715-258-5586 ex. 2220) for further assistance and direction.

#### Visitor/Volunteer/Vendor Involved in an Incident

- Security shall be the primary responder called whenever possible for visitor/volunteer/vendor incidents.
- Security staff, when involved shall document the incident in the Security computerized system. If, after receipt of the documentation by security staff, it is determined that the incident involved any type of property damage or injury to persons, the Executive Director shall ensure that the matter is investigated with the investigation documented on the Facility Incident form [WDVA 3282](#).
- If Security is not involved, staff on the scene completes Facility Incident form [WDVA 3282](#).
- All visitor/volunteer/vendor incidents shall be sent to the Executive Director's office for review and appropriate follow-up.
- Reports shall be kept on file for seven years.

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### VOLUNTEER/VISITOR/VENDOR INCIDENT/ACCIDENT REPORTING

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#### Procedure:

##### Visitor/Volunteer/ Vendor Observes an Incident

1. Observer calls Security immediately to report their observation.
2. Security provides direction to the observer.
3. Security reports situation to other appropriate leadership staff. Other staff may meet Security at the scene or be present to assist with taking observer statement.
4. Security documents the incident through their electronic program and forwards the report to the appropriate supervisory staff for review and action. Other staff shall generate reports based on the type of incident as required. (Example: Abuse, neglect, etc.). Reports are kept for seven years.
5. For non-medical incidents that occur off grounds at a WVH-K sponsored event or trip:
  - A. The observer reports the incident to a WVH-K staff person if one is available, if not the observer follows step 1, steps 2 through 4 may be implemented as appropriate.
6. For medical incidents that occur off grounds at a WVH-K sponsored event or trip:
  - A. The observer calls 911 for immediate assistance, stays with the member, until help arrives, and then follows step 1 above, steps 2 through 4 may be implemented as appropriate.

##### Visitor/Volunteer/Vendor Involved in Incident

1. Whenever staff comes upon a visitor/volunteer/vendor with a serious illness/injury on the WVH-K property, Security is contacted immediately and an ambulance is called.
2. The nearest nursing supervisor is contacted to respond. Indicate the location the nursing supervisor needs to report to.
3. The Security officer or nursing supervisor makes an assessment of the injury or illness and takes appropriate steps to render first aid and secure additional services if warranted. The nursing supervisor responding shall ensure [WDVA 3282](#), Facility Incident and Property Damage Report is completed and given to the Executive Director.
4. Commandant/designee is notified of the incident. Time of notification is determined by extent/severity of the injury/incident, but at least within 24 hours.
5. The Commandant notifies the Division Administrator/designee of the incident. Time of notification is determined by extent/severity of the injury/incident, but at least within 24 hours.
6. Those making the assessment ask the person if they want someone notified (Next of Kin, friend).
7. If property damage occurs and the volunteer/visitor/vendor wish to submit the item for possible reimbursement by the facility, a Facility Incident/Property Damage Form is completed ([WDVA 3282](#)) when it is **not** the primary form used to document the incident. The form and the item are submitted to the Finance supervisor for reimbursement consideration.
8. All completed reports are submitted to the Commandant's office. Incidents which will incur insurance claims should be processed to the appropriate Central Office department in a timely manner. Reports are kept for seven years.
9. Incidents which involve media or other special circumstances should be reported in accordance with WDVA and VA policies.

**Wisconsin Veterans Home at King**  
**Employee Incident/Accident Reporting**

Date of Origin: December 1988	No.: 01-00-16c
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**Applies To:**

- All DVA/Wisconsin Veterans Home at King (WVH-K) staff.

**Purpose:**

- To document and disseminate information regarding work-related injuries and illnesses in an organized and timely manner in order to facilitate investigation and remediation of hazards.

**Related Documents:**

- Ensuring Member Safety [01-01-30](#)
- Safety Hazard Situations [14-00-03](#)

**Definitions:**

- **Incident/Accident** – - A work related illness or injury to an employee resulting in an incident only, medical, or lost time claim.
- **Near Miss**- an incident in which no personal injury was sustained, but where, given a slight shift in time or position, injury could have occurred.
- **Serious Illness**- Long-term health, life, or limb threatening. If the person does not receive immediate medical treatment, permanent disability or death may result.

**Policy:**

- WVH-K shall provide emergency assistance to employees whenever a serious illness or injury occurs on King's property.
- WVH-K shall assist in Calling 911 for emergency transport as needed.
- Nurse Clinicians (RN), the Employee Health Nurse (EHN), or First Responder Trained Security Officer shall be responsible for assessment of the injury/illness, assistive treatment, and/or obtaining additional medical services as warranted.
- Whenever there is doubt as to whether the illness/injury is serious, it shall be treated as being serious.
- The Workers Compensation (WC) Coordinator, the EHN, and the WDVA Risk Management Officer shall be notified of all Workers Compensation Claims and all hazardous conditions.

**All employees shall:**

- Promptly seek appropriate medical attention for any work-related illness or injury.
- Report work-related illnesses/injuries to supervisors/delegated persons as soon as possible.
- Obtain paperwork from appropriate supervisor / designee prior to leaving work, if possible.
  - Complete and submit an Employee Workplace Injury or Illness Report [DOA-6058](#) to supervisor/delegated person within 24 hours after the injury/illness. If the employee is unable to complete the report due to a serious injury, the report will be completed and signed by the injured employee as soon as possible.
  - Fitness for Duty Certification (FFD) form [WDVA 1535](#), WVH Temporary Restricted Duty Assignment form [WDVA 4033](#), and [Letter to Medical Provider](#) forms that may need completion.

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- Provide completed FFD and WVH Temporary Restricted Duty form, and any other illness/injury related information to the WC Coordinator as soon as possible, or have the medical provider fax completed forms directly to the WC Coordinator at (715) 256-3534.
- If employee is assigned Restricted Duty (LD) tasks, employee must sign their Temporary Restricted Duty [WDVA 4033](#) form & return to the Supervisor or EHN.

**Supervisors:**

- Review the Employee Injury Report [DOA-6058](#) and interview the employee about the incident/accident. Ensure the form is complete, and signed by the injured employee.
- Interview witnesses to the incident, and obtain written witness statements [WDVA 4038](#), if applicable.
- Complete an analysis/report on the Employer's First Report of Injury [WKC-12-E](#), and Supervisor and Safety Coordinator Investigation Report [DOA-6437](#). Utilize the WDVA Supervisor's Guide for Accident Analysis and Reporting for completion of the analysis/report.
- Submit the Employee Report form [DOA-6058](#), the Employer's First Report [WKC-12-E](#), and the Supervisor's Report form [DOA-6437](#) to the WC Coordinator within 1 workday after receiving notice of the illness or injury. Email the EHN, Workers Compensation Coordinator, and Risk Management Officer via email group: DVA DL VHK Employee Accident Reports Distribution.
- If the injury involves lost time, set up a post-injury meeting with the injured employee as soon as they return back to work.

**Employee Health Nurse (EHN) shall:**

- Provide first aid assistance to the injured employee as needed.
- Coordinate return to work and alternative work assignments if restrictions are assigned by the medical provider.

**Workers Compensation Coordinator shall:**

- Complete the Employer & Wage Information sections of the Employer's First Report of Injury or Disease [WKC-12-E](#).
- Provide the injured/ill employee with benefits information (medical payments and disability income) and other information pertinent the Workers' Compensation Program.
- Obtain, review, and submit completed WC forms and bills to the Department of Administration (DOA).
- Coordinate involvement of supervisors & EHN and serve as liaison with claims adjuster.
- Monitor WC trends and provide reports to Administration, Bureau Directors, Supervisors, WDVA Risk Management Officer, and the Health & Safety Committee as appropriate.

**Risk Management Officer shall:**

- Review all Employee and Supervisor Incident/Accident Reports submitted.
- Complete and sign the "Safety Coordinator's" section of the Supervisor's Report.
- Email completed copies of the Supervisor's Report to the WC Coordinator. Copy the Supervisor and EHN.
- Monitor WC trends and provide reports to Leadership, Administration, Bureau Directors, Supervisors, WC Coordinators, and the Health & Safety Committees as appropriate.



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**Employee Incident/Accident Reporting**

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**Procedure:**

1. If an employee in duty status is ill/injured:
  - A. Contact the EHN at ext. 1672 to respond & assess if during normal business hours (M-F, 7:00am-3:30pm).
  - B. Contact a Nursing Supervisor to respond & assess if outside of normal business hours.
  - C. The Security officer, EHN, or Nursing Supervisor shall make an assessment of the injury/illness and take appropriate steps to provide first aid assistance and secure additional services if warranted. Providing proper first aid and securing the area if necessary is always the first priority.
2. If the assessment indicates the need for an ambulance:
  - A. For Ambulance Service dial 9 for an outside line and dial 911. If outside line is unavailable call Security at 2222 to contact the ambulance if not on the scene.
  - B. Those making the assessment ask the person if they want someone notified.
    - 1) Emergency contact information for employees is available in agency scheduling.
3. If the illness/injury is not of a serious nature the employee arranges their own transportation to appropriate outside medical services.
  - A. The supervisor or EHN may assist the employee with contacting others for transportation.
5. The illness or injury while at work is reported as soon as possible to the immediate Supervisor and EHN.
6. When seeking medical attention, the employee identifies the illness/injury as work-related.
7. If the incident is the result of a safety hazard, the supervisor immediately takes steps to rectify the situation to prevent further injuries.
8. Supervisor notifies Safety/Security/Grounds/Maintenance for any safety hazard requiring immediate attention.
9. Within 24 hours of a work related illness/injury that is expected to result in a medical or lost time claim:
  - A. The Employee must complete and submit to their Supervisor:
    - 1) The Employee Workplace Injury and Illness Report [DOA-6058](#). If the employee is unable to complete the form due to the seriousness of their injury, the form will be completed and signed by the employee as soon as possible.

NOTE: A delay in the completion and submission of the form [DOA-6058](#) could cause a delay in worker's compensation payment. If the injured employee is unable to complete this form at the time of the injury or shortly after, the Supervisor shouldn't wait for this form before submitting the other forms to the WC Coordinator.

- B. The Supervisor must complete and submit to the WC Coordinator:
  - 1) A thorough accident analysis/report as soon as possible after the incident utilizing the WDVA Supervisor's Guide to Accident Analysis and Reporting to complete the Supervisor and Safety Coordinator Investigation Report [DOA-6437](#). It is recommended this form be completed electronically so you can expound on the information provided, and expedite distribution.
  - 2) Photos, sketches, witness statements (recorded on the Witness Statement Form), and any other applicable attachments are highly encouraged by the DOA WC Claim staff to

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provide as much detail about the incident as possible, but the information should be objective and include only the facts, not subjective statements.

- 3) The completed Employee Workplace Injury and Illness Report [DOA-6058](#).
  - a. The Supervisor should expedite the submission of the Supervisors Accident Investigation [DOA-6437](#) and then submit the Employee's Report [DOA-6058](#) separately if necessary as soon as possible after the employee is able to complete it.
- C. These forms are available in every work unit, HR, on Microsoft Word\O Drive\templates, and on the WDVA Intranet site.
- D. The supervisor verifies that all forms are complete. Copies must be emailed to **DVA DL VHK** **Employee Accident Reports Distribution** found in the Outlook Global Address book. All original documents should then be given to the WC Coordinator.
- E. If the injury involves lost time, as soon as possible after the injured employee returns to work, the employee's Supervisor must arrange a post-injury meeting with the employee for follow up and ensure both the employee and the supervisor understand the following:
  - 1) What caused the incident/injury?
  - 2) Could it have been prevented? And if so, how?
  - 3) What steps have been taken to prevent a re-occurrence?
  - 4) Employee restrictions.

# Wisconsin Veterans Home at King

## General Parking

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### Applies To:

- Staff, members, contractors, volunteers and visitors to the Wisconsin Veterans Home at King (WVH-K)

### Purpose/Overview:

- To clearly define regulations regarding parking on WVH-K property.
- To identify consequences for violation of this policy.
- To supersede any and all previous documents regarding parking on WVH-K property.

### Summary Information:

- WVH-K Security Officers will patrol the campus and have authority to write tickets for violations and/or cause a vehicle in violation to be towed off campus. This authority is granted under Wisconsin Administrative Code Chapter [VA 6](#) and accomplished in accordance with Wisconsin Administrative Code Chapters Adm. [1.04](#) and [1.10](#).

### Policy:

- No parking is allowed on roads or fire lanes on the campus grounds at any time except where clearly marked. The Commandant and/or Security/Fire Chief will establish parking areas for specific groups at specific times, providing such areas are clearly posted as parking areas.
- Parking lots throughout the campus are laid out and marked for maximum efficiency and traffic flow. Parking is allowed in marked stalls only. Vehicles must be within the lines of the marked stall to be parked correctly. Parking is not allowed on any cross-hatched area unless it is designated for the specific type of vehicle, for example, motorcycles.
- Some areas in the cottage district have been marked as reserved parking and are not considered open parking.
- Parking in designated campus parking areas may be restricted or prohibited as required for maintenance or snow removal. See [01-00-25](#) Winter Weather Street Parking
- No parking is allowed within 15 feet of a fire hydrant or pedestrian crosswalk. If the curb is not painted to designate this, consider one full car length as 15 feet.
- Backing into any angled stall is not allowed. Driving through an angled stall to the next one is not allowed. Doing so positions the vehicle against the desired flow of traffic. Parallel parking in opposition to the flow of traffic is not allowed.
- Backing into a stall that is perpendicular to the flow of traffic is permitted, but the vehicle must be positioned between the lines. A vehicle may not occupy more than one parking stall.
- WVH-K staff while in pay status is not visitor. Short term use of visitor parking during shift change is not allowed. Potential tardiness is not a valid reason for any violation of this policy.
- Short term parking is allowed in marked areas with flashers on. Marked stalls can be found at:
  - Entrance to Licensed Nursing Care Buildings

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- Marden Center (for the Post Office)
- Central Services/Commissary
- All WVH-K employees are issued one free parking permit which must be properly displayed in their vehicle while in work status at WVH-K. This permit must hang from the rear view mirror when parked.
- All WVH-King employees who park in any of the campus parking lots are required to fill out the proper vehicle information form prior to being issued a parking permit. It is the responsibility of the employee to update his/her vehicle information immediately when a change is made.
- It is a work rule violation if this permit is not properly displayed.
- Permits are issued by the WVH-K Security Department.
- WVH-K employees can purchase additional parking permits for a nominal fee of \$2.00 each.
  - To obtain additional parking permits, make check payable to WVH King and take to the Finance Department; bring the receipt to Security.
- WVH-K is not responsible for any loss or damage to vehicles, to include but not limited to:
  - Items lost or stolen from vehicles
  - Damage by members, visitors, staff, contractors, etc.
  - Damage due to wind or storms
  - Vandalism

### **Procedure:**

#### **Parking Violations**

1. First violation will be considered a written warning. (Unless considered an immediate towing violation described later.)
2. Second violation will result in the employee meeting with his/her supervisor to discuss their violation and review the WVH-King Parking Policy. (Unless considered an immediate towing violation described later.)
3. Third Violation will result in the vehicle being towed off WVH-K property at the owner's expense.
4. Employees incurring no further violations for one year following their most recent violation/ticket will have their record cleared in Security.
5. Disputes will be considered by the Security Chief on a case by case basis.

#### **Immediate Towing Will Occur for the Following:**

1. Any illegal parking that obstructs fire lanes and zones, including but not limited to, hydrants and fire department connections on buildings.
2. Any illegal parking in a handicapped stall or loading zone.
3. Any illegal parking that obstructs a pedestrian crosswalk, or impedes the progress of necessary maintenance projects (snow removal, construction, etc.) or emergency vehicles.

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4. Any parking on the grass or dirt unless allowed by signage for special events.
5. Any parking that obstructs a roadway.
6. Vehicles may be towed if considered abandoned. Removal of disabled vehicles will be the owner's responsibility. Vehicles will be considered abandoned if left on property without moving for 48 hours. Permission may be granted, for good reason, by Administration or Security for extended parking. This permission must be received ahead of time and Security must be notified.
7. Vehicles may be towed if leaking fluid or creating any kind of hazard.
8. Towing will be performed by a designated towing service. Responsibility for any expense related to the towing service will be incurred by the owner of the vehicle, whether they leave with a vehicle in tow or not.
9. Vehicles removed from WVH-K property will be taken to a designated towing service location where storage fees will also accrue until fees are paid and vehicle retrieved.
10. WVH-K is not responsible for transportation to the location of the towed vehicle.
11. WVH-K is not responsible for items lost or stolen from a towed vehicle or any damage to the vehicle caused by towing.

**Wisconsin Veterans Home at King**  
**Member Bill of Rights and Responsibilities**

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**Applies To:**

- All WVH-K Staff and Volunteers

**Purpose:**

- To define Member's rights and responsibilities

**Related Documents:**

- [WDVA 4020](#) Admission Agreement and attachments A-F
- [Chapter VA 6](#), Wisconsin Veterans Home
- [Chapter 45](#), Veterans
- [01-01-12](#) Equal Opportunity in Healthcare Delivery
- [01-01-20](#) Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Source and attachments
- [01-01-26](#) Furlough, Hospitalization, Bedhold
- [01-01-38](#) Member Grievance

**Policy:**

- All members residing at WVH-K shall have all basic human and civil rights guaranteed to them under Federal and State Law regardless of race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
- All staff members shall take an active role in respecting, protecting, and promoting the rights of all members.
- All members residing at WVH-K shall have the right to be free from interference, coercion, discrimination, and reprisal when exercising their rights as members of the facility and as citizens of the United States.

**MEMBER BILL OF RIGHTS:**

The member has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the Wisconsin Veterans Home at King. WVH-K must protect and promote the rights of each member, including each of the following rights:

**I. Exercise of Rights**

- A.** The member has the right to exercise his or her rights as a member of WVH-K and as a citizen of the United States.
- B.** The member has the right to be free of interference, coercion, discrimination, or reprisal from the facility, in exercising his or her rights.

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- C. In the case of a member adjudged incompetent under the laws of a State, the rights of the member are exercised by the person legally appointed under State law to act on the member's behalf.

### II. Notice of Rights and Services

- A. WVH-K must inform the member, before or upon admission, orally and in writing in a language that the member understands of his or her rights and all rules and regulations governing member conduct and responsibilities during the stay in the facility. Receipt of such information, and any amendments to it, must be acknowledged in writing.
- B. The member has the right to inspect and purchase photocopies of all records pertaining to the member, upon written request and 24-hour notice, excluding weekends and holidays, to the facility.
- C. The member has the right to be fully informed of his or her total health status. The member has the right to refuse treatment and to refuse to participate in research.
- D. The Home must inform each member, in writing, at the time of admission and periodically as changes are made, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the established Medicaid rate. WVH-K must inform each member who is entitled to Medicaid benefits of the items and services that are included in nursing facility services under the State plan and for which the member may not be charged.
- E. WVH-K must furnish a written description of legal rights, which includes:
1. A description of the manner of protecting personal funds.
  2. A statement that the member may file a complaint with the State survey and certification agency concerning member abuse, neglect, mistreatment, misappropriation of member property and injuries of unknown source, 01-01-20.
- F. WVH-K must inform each member of the name, specialty and way of communicating with the physician responsible for his or her care.
- G. WVH-K must prominently display, in the facility, written information, and provide to members and potential members oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive funds for previous payments covered by such benefits.
- H. Notification of changes:
1. WVH-K must consult with the member immediately and notify the member's physician and if known, the member's legal representative or designated first Next-of-Kin within 24 hours, when there is:
    - a. An accident involving the member which results in injury.
    - b. A significant change in the member's physical, mental, or psychosocial status.
    - c. A need to alter treatment significantly.
    - d. A decision to transfer or discharge the member from the facility.
    - e. A decision to transfer within the facility.
  2. In a medical emergency, the notification can be made following provision of emergency care.
  3. WVH-K must also promptly notify the member and if known, the member's legal representative or designated first Next-of-kin.
    - a. A change in room or roommate assignment.
    - b. A change in member rights under Federal or State law or regulations.

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4. WVH-K must record and periodically update the address and phone number of the member's legal representative or designated first Next-of-Kin.

### III. Protection of Member Funds

- A. The member has the right to manage his or her financial affairs; WVH-K may not require member to deposit their personal funds at the facility.
- B. Management of personal funds: Upon written authorization of a member, WVH-K must hold, safeguard, manage, and account for the member's personal funds deposited with the facility.
- C. Deposit of funds:
  1. Funds in excess of \$50: WVH-K must deposit any member's personal funds in excess of \$50 in an interest-bearing account(s) that is separate from any of the facility's operating accounts, and that credits all interest earned on the member's account to his/her account.
  2. Funds less than \$50: WVH-K must maintain member's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.
- D. Accounting and records: WVH-K must establish and maintain a system that ensures a full and complete and separate accounting, according to generally accepted accounting principles, of each member's personal funds entrusted to the facility.
  1. The system must preclude any co-mingling of member funds with facility funds or with the funds of any person other than another member.
  2. The individual financial record must be available on request to the member or his/her legal representative.
- E. Notice of certain balances:
  1. WVH-K must notify each member that receives Medicaid benefits with the amount when the member's account reaches \$200 less than the SSI resource limit for one person, specified in section 42 USC 1381-1385.
  2. WVH-K must notify each member that receives Medicaid benefits that, if the amount in the account, in addition to the value of the member's other non-exempt resources, reaches the SSI resource limit for one person; the member may lose eligibility for Medicaid or SSI.
- F. Conveyance upon death: upon the death of a member with personal funds deposited with WVH-K, WVH-K must convey promptly the member's funds, and a final accounting of those funds, to the individual administering the member's estate or the Estate Recovery Program when required.
- G. Assurance of financial security: WVH-K must purchase a surety bond or otherwise provide satisfactory assurance of self-insurance to ensure the security of all personal funds of members deposited with the facility.
- H. Limitation on charges to personal funds: WVH-K may not impose a charge against the personal funds of a member for any item or service for which a payment is made under Medicaid or Medicare.

### IV. Free Choice

- A. WVH-K will provide physicians assigned upon admission. However, the member has the right to use any licensed, certified or registered health care professional, including doctor, dentist, etc., as long as the professional complies with the Home's procedures and all rules and regulations of



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local, state, and federal governments. WVH-K will notify the member, the member's legal representative, or designated first Next-of-Kin that an alternate physician must be selected if the physician fails to comply with federal or state laws.

- B.** The member has the right to be fully informed in advance about care and treatment that may affect the member's well-being.
- C.** The member, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, has the right to participate in planning care and treatment or changes in care and treatment.

### V. Privacy and Confidentiality

- A.** The member has the right to personal privacy and confidentiality of his or her personal and clinical records.
- B.** Personal privacy includes accommodations (but does not require WVH-K to provide a private room), medical treatment, written and telephone communications, personal care, visits, and meetings of family and member groups.
- C.** The member may approve or refuse the release of personal and clinical records to any individual outside WVH-K, unless the member is transferred to another health care institution or record release is required by law or third-party payment contract.

### VI. Grievances

The member has the right to voice grievances with respect to treatment or care that is or is not furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by WVH-K to resolve grievances that the member may have, including those with respect to the behavior of other members (Member Grievance Policy 01-01-38).

### VII. Examination of Survey Results

- A.** The member has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction. The results must be posted by the facility in a place readily accessible to members.
- B.** The member has the right to receive information from agencies acting as client advocates and be afforded the opportunity to contact these agencies.

### VIII. Work

- A.** The member has the right to refuse to perform services for WVH-K.
- B.** The member has the right to perform services for WVH-K when:
  1. The facility has documented the need or desire for work in the member plan of care.
  2. The plan specifies the nature of the services performed which are physician approved and whether the services are voluntary or paid.
  3. Compensation for paid services is at or above prevailing rates established in WVH-K's Work Therapy Program (Work Therapy Program Policy 15-00-06).

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4. The member agrees to the work arrangement described in the plan of care.

**IX. Mail**

- A. The member has the right to privacy in written communications, including the right to send and receive mail promptly that is unopened.
- B. The member has the right to have access to stationery, postage, and writing implements at the member's own expense.

**X. Access to the Facility and Visitation Rights**

- A. The member has the right to receive visitors and WVH-K must allow access to the member for such visitors at any reasonable hour (normal visiting hours are 09:00 a.m. to 9:00 p.m.).
- B. The member has the right and WVH-K must provide immediate access to any member by the following people:
  - 1. Any representative of the Secretary of the U.S. Department of Health and Human Services.
  - 2. Any representative of the State Department of Health Services.
  - 3. The member's individual physician.
  - 4. The State Long-Term Care Ombudsman.
  - 5. The protective and advocacy agencies for mentally ill and developmentally disabled individuals.
  - 6. Immediate family, other relatives of the member or others who wish to visit the member (subject to the member's right to deny or withdraw consent at any time).
  - 7. Any entity or individual that provides health, social, legal, or other services to the member (subject to the member's right to deny or withdraw consent at any time).
- C. WVH-K must allow representatives of the State Ombudsman to examine a member's clinical records with permission of the member or the member's legal representative and consistent with State law.

**XI. Telephone**

The member has the right to have regular access to the private use of a telephone.

**XII. Personal Property**

The member has the right to retain and use personal possessions including some furnishings, and appropriate clothing as space permits, unless to do so would infringe upon the rights or health and safety of other members.

**XIII. Married Couples**

The member has the right to share a room with his or her spouse when married members live in the same facility and both spouses consent to the arrangement with facility provided beds.

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### **XIV. Self-Administration of Drugs**

Each member has a right to self-administer drugs unless WVH-K's interdisciplinary team has determined that this practice is unsafe for the member (Member Self Administration of Medications Policy 115-00-70).

### **XV. Admission, Transfer and Discharge Rights**

#### **A. Transfer and Discharge**

1. Each member is permitted to remain at WVH-K, and not be transferred or discharged from WVH-K, unless:
  - a. The transfer or discharge is necessary for the member's welfare and the member's needs cannot be met at WVH-K;
  - b. The transfer or discharge is appropriate because the member's health has improved sufficiently so the member no longer needs the services provided at WVH-K;
  - c. The safety of individuals in WVH-K is endangered;
  - d. The health of individuals in WVH-K would otherwise be endangered;
  - e. The member has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; if a member becomes eligible for medical assistance after admission to WVH-K, only charges that may be imposed under medical assistance may be allowed in enforcement of this subdivision;
  - f. WVH-K ceases to operate.
2. When WVH-K transfers or discharges a member under circumstances specified in 1 a-e above, the reason for member's discharge must be documented in the member's clinical records. The documentation must be made by:
  - a. The member's physician, when transfer or discharge is necessary under 1 a or b above (welfare and needs cannot be met in facility; health has improved and no longer needs services of facility).
  - b. A physician when transfer or discharge is necessary under 1 d above (health of individuals would otherwise be endangered).
3. Notice before WVH-K transfers or discharges a member, the facility must:
  - a. Notify the member, the member's legal representative or designated first Next-of-Kin of the transfer or discharge and the reasons.
  - b. Record the reasons and notification in the member's clinical record.
4. Timing of the notice
  - a. Notice of transfer or discharge may be made as soon as practical when the transfer or discharge is for reasons 1 a through d above or if the member has not resided in WVH-K for 30 days.
  - b. Except under the above conditions, the notice of transfer or discharge must be made by the home at least 30 days before member is transferred or discharged.
5. Contents of the notice. The written notice must include the following:
  - a. The reason for, effective date of, and location to which the transfer or discharge will occur.
  - b. The name, address, and telephone number of the State Long-Term-Care Ombudsman.

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- c. A statement that the member has the right to appeal the action to the Wisconsin Department of Health Services, Division of Quality Assurance (address and phone number are listed on last page).
  6. Orientation for transfer or discharge: WVH-K must provide sufficient preparation and orientation to members to ensure a safe and orderly transfer or discharge from the facility.
- B. Notice of Bed-Hold Policy and Readmission**
  1. Notice upon transfer: Before WVH-K transfers a member to a hospital or allows a member to go on therapeutic leave, WVH-K must provide written information to the member and the designated first Next-of-Kin or legal representative that specifies the duration of the bed-hold policy under the State plan during which the member is permitted to return and resume residence at WVH-K; and the facility's policies regarding bed-hold periods permitting a member to return.
  2. Permitting member to return to WVH-K: WVH-K must establish and follow a written policy under which a member, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted upon the first availability of a bed in a semi-private room if the member requires the services provided by the facility, and is eligible for Medicaid nursing facility services.
- C. Equal Access to Quality Care**

WVH-K must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals, regardless of source or payment. WVH-K may charge any amount for services furnished to non-Medicaid members consistent with the notice requirement regarding charges to persons entitled to Medical benefits.
- D. Admissions Policy**
  1. WVH-K must not require a third-party guarantee of payment to the facility as a condition of admission, or expedited admission, or continued stay at WVH-K; must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation or other consideration as a precondition of admission, expedited admission or continued stay in the facility; must not require members or potential members to waive their rights to Medicare or Medicaid; and must not require oral or written assurance that members or potential members are not eligible for, or will not apply for Medicare or Medicaid benefits.
  2. WVH-K may require an individual who has legal access to a member's income or resources available to pay for facility care, to sign a contract, without incurring personal financial liability, to provide facility payment from the member's income or resources. WVH-K may charge a member who is eligible for Medicaid for items and services the member has requested and received and that are not specified in the State plan as included in the term "nursing facility services." WVH-K may solicit, accept or receive a charitable, religious or philanthropic contribution from an organization or from a person unrelated to the member, or potential member; but only to the extent that the contribution is not a condition of admission, expedited admission or continued stay at WVH-K.

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**MEMBER BEHAVIOR AND WVH KING PRACTICES**

**I. Restraints**

- A. The member has the right to be free from any physical restraints imposed or psychoactive drug administered for purposes of discipline or convenience, and that are not required to treat the member's medical symptoms.
- B. Restraints may be imposed:
  - 1. To ensure the physical safety of the member or other members and
  - 2. Upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used, except in emergency circumstances until the order could reasonably be obtained.

**II. Abuse**

The member has the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary seclusion.

**III. Staff Treatment of Members**

- A. WVH-K must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of members (Member Abuse, Neglect, Mistreatment, Misappropriation of Property & Injuries of Unknown Source Policy01-01-20).
- B. Staff employed at WVH-K must not use verbal, mental, sexual, or physical abuse, including corporal punishment or involuntary seclusion.
- C. WVH-K must not employ individuals who have been convicted of abusing, neglecting, or mistreating individuals.
- D. WVH-K must ensure that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Executive Director, Commandant, Deputy Commandant or other officials in accordance with State law through established procedure.
- E. WVH-K must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse to members while the investigation is in progress.
- F. The results of all investigations must be reported to the Executive Director, Commandant, Deputy Commandant or his/her designated representative or to other state officials in accordance with State law within 5 working days of the incident and if the alleged violation is verified appropriate corrective action taken.

**QUALITY OF LIFE**

**I. Dignity**

WVH-K must promote and care for members in a manner and in an environment that maintains or enhances each member's dignity and respect in full recognition of his or her individuality.

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**II. Self-Determination**

The member has the right to choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care; interact with members of the community both inside and outside of WVH-K; and make choices about aspects of his or her life that are significant to the member.

**III. Participation in Member and Family Groups**

A member has the right to organize and participate in member groups at WVH-K. A member's family has the right to meet in the facility with the families of other members in the facility. WVH-K must provide a member or family group, if one exists, with private space. Staff or visitors may attend meetings at the group's invitation. WVH-K must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings. When a member or family groups exists, the facility must listen to the views and act upon the grievances and recommendations of members in proposed policy and operational decisions affecting member care and life at WVH-K.

**IV. Participation in Other Activities**

A member has the right to participate in social, religious, and community activities that do not interfere with the rights of the members who live at WVH-K.

**V. Accommodation of Needs**

A member has the right to reside and receive services at WVH-K with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other members would be endangered, and to receive notice before the member's room or roommate in the facility is changed.

**RESPONSIBILITIES OF MEMBERS AND/OR LEGAL DECISION MAKERS**

**WVH-K REQUIRES EACH MEMBER, OR HIS OR HER LEGAL GUARDIAN, TO ASSUME THE FOLLOWING RESPONSIBILITIES:**

- I.** Members have the responsibility to provide, to the best of their knowledge and ability complete information about all matters relating to their health.
- II.** Members have the responsibility to report changes in their condition to WVH-K.
- III.** Members have the responsibility to let the Home know if they do not understand treatment programs or the Home's programs or policies.

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- IV. Members have the responsibility to follow instructions provided by the WVH-K or by any health care provider caring for them at WVH-K. This includes following instructions of nurses and other health care personnel as they carry out the member's care plan and physician orders, and as they enforce the applicable rules and regulations of WVH-K.
- V. Members assume responsibility for their actions if care is refused or if physician instructions or those of other health care providers are not followed. Members have the responsibility to follow WVH-K rules and regulations regarding resident care and conduct.
- VI. Members have the responsibility for being considerate of the rights and dignity of other members and their visitors and of the WVH-K's personnel.
- VII. Each member is responsible for being respectful of the personal property of other members, of the staff, and of WVH-K.

Inquires or complaints regarding medical treatment or this Member Bill of Rights may be directed to:

State Nursing Home Ombudsman  
Board on Aging and Long Term Care  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
Telephone: 1-800-815-0015  
Email: [BOALTC@Wisconsin.Gov](mailto:BOALTC@Wisconsin.Gov)

Wisconsin Department of Health Services  
Division of Quality Assurance  
Bureau of Nursing Home Resident Care  
P.O. Box 2969  
Madison, WI 53701-2969  
Telephone: (608) 266-8481  
Email: [dhswebmailqa@wisconsin.gov](mailto:dhswebmailqa@wisconsin.gov)

Wisconsin Bureau of Nursing Home Resident Care  
Northeastern Quality Assurance Regional Office  
200 North Jefferson Street, Suite 501  
Green Bay, WI 54301  
Telephone: (920) 448-5252  
Email: [Leona.Magnant@dhs.wisconsin.gov](mailto:Leona.Magnant@dhs.wisconsin.gov) or  
[Daniel.Perron@dhs.wisconsin.gov](mailto:Daniel.Perron@dhs.wisconsin.gov)

Wisconsin Medical Examining Board  
Department of Safety & Professional Services  
1400 East Washington Ave.  
P.O. Box 7190

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Madison, WI 53707-7190  
Telephone: (608) 266-2112



# Wisconsin Veterans Home at King

## Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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### Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

### Purpose/Overview:

- To ensure compliance with all applicable federal and state statutes, rules and regulations
- To protect the member's right to be free from abuse, neglect, exploitation, and misappropriation of member's property.

### Related Documents:

- [AD-124](#) Social Media and Employee Communication
- [AD-106](#) Work Rules
- [01-01-38](#) Member Grievance
- [01-00-16a](#) Adverse Event Reporting
- [105-00-07](#) Restraints: Implementing, Monitoring, Discontinuing, Consent and Application

### Definitions: (Also see Wisconsin's Caregiver Program)

**Abuse** - The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes deprivation by an individual of goods or services necessary to attain or maintain physical, mental, and psychosocial well-being. Also includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through use of technology. Instances of abuse of all members, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.

**Willful**-The individual must have acted deliberately, not that he/she must have intended to inflict injury or harm.

**Neglect** - is the failure of the facility, its employees or service providers to provide the goods or services to a member necessary to avoid physical harm, pain, mental anguish, or emotional distress. Examples may be not giving the member a meal because you think they may not eat; not following the care plan and interventions.

**Exploitation**- taking advantage of a member for personal gain through the use of manipulation, intimidation, threats, or coercion. An example can be making a member feel afraid of you, so that you can use their money.

**Misappropriation of Member Property** - The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a member's belongings or money without the member's consent. An example may be taking a member's perfume, clothes, jewelry or money.

**Injury of Unknown Source** - member injury that is not the result of a known accident or event. Examples may be bruise or skin tear without known contact, swollen (area).

**Mistreatment**-inappropriate treatment or exploitation of a member.

**Verbal Abuse** - the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to members or their families, or within hearing distance regardless of their age, ability to comprehend, or disability. Examples are but not limited to swearing, calling people names making jokes about a person, yelling or screaming at someone.

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**Sexual Abuse** - non-consensual sexual contact of any type with a member. Includes, but is not limited to unwanted sexual attention or touching, sexual touching of the body of a member who cannot make decisions for themselves; sexual harassment, sexual coercion, or sexual assault.

**Physical Abuse** - Includes hitting, scratching, punching, pushing, holding someone down, poking, grabbing a member by the arms or legs, slapping, , and kicking. It also includes controlling behavior through corporal punishment.

**Mental Abuse** - Includes but it is not limited to: humiliation, harassment, and threats of punishment or deprivation, such as making fun of a member, ignoring a member who needs you, refusing to talk to a member including taking and/or posting pictures/videos.

**Involuntary seclusion** - The separation of a member from other members or from his/her room or confinement to his/her room (with or without roommates) against the member's will, or the will of the member's legal representative. An example may be putting the member in their room and locking their wheelchair so they cannot come out.

**Caregiver Misconduct** - Includes abuse or neglect of a member or misappropriation of a member's property by an employee, agency, or under contract of the facility as defined in [Chapter DHS 13](#) of the WI Administrative Code.

**Formal Complaint** - Any complaint, which pertains to services provided to members, has reference to state or federal regulations, facility standards of care, policies and procedures, and/or member rights, and/or requires management intervention.

**Immediately** - means without delay (with-in minutes) of the incident after the member is safe.

**Immediately Notifies Division of Quality Assurance (DQA)** - Means as soon as possible, but not to exceed 24 hours after discovery of the incident.

**Covered Individual** - means each individual who is an owner, operator, employee, manager, agent, or contractor of a long-term care facility who furnish services.

**Suspicion of a Crime** - is defined by law of the applicable *political subdivision* where a LTC facility is located. Generally, whether "suspicion of a crime" exists will be dependent upon the knowledge and sensibilities of staff with knowledge of an incident, which are required to report. This must be reported to law enforcement officials, no later than 2 hours after forming the suspicion if there is serious bodily injury to the member; no later than 24 hours if there is no serious bodily injury.

**Local law enforcement** - means the full range of potential responders to elder abuse, *neglect*, and exploitation including: police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, and coroners.

**Self-Neglect** - means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

**Serious bodily injury** - is an injury involving extreme physical pain; substantial risk of death; protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation. In the case of "criminal sexual abuse" which is defined as serious bodily injury/harm shall be considered to have occurred if the conduct

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causing the injury is relating to aggravated sexual abuse or relating to sexual abuse. This must be reported to the Executive Director immediately and to DQA within 2 hours after the allegation is made.

**Retaliate against an employee** - is when the employer discharges, demotes, suspends, threatens, harasses, or denies a promotion or any other employment-related benefit to an employee, or in any other manner discriminates against an employee within the terms and conditions of employment because the employee has met their obligation to report a suspicion of a crime.

### Policy:

- The facility shall not employ or contract with any individual who has been found guilty of abusing, neglecting, exploiting, misappropriation of property, or mistreating someone or has such a finding entered into the Wisconsin Caregiver Registry or have a disciplinary action in effect against his/her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of members/residents or misappropriation of member/resident property.  
[http://docs.legis.wisconsin.gov/code/register/2010/660b/remove/dhs12\\_a.pdf](http://docs.legis.wisconsin.gov/code/register/2010/660b/remove/dhs12_a.pdf)
  - Background checks shall be done to screen for any domestic violence, abuse, neglect, etc., prior to hiring new and/or returning employees, prior to promotions, and every 4 years while employed at WVH-K. [HR-329](#)
  - Proof of verification with the State nurse aide registry with no findings of abuse, neglect, exploitation, mistreatment or misappropriation.
  - Proof of verification with the State Licensing Board of valid licensure with no disciplinary action in effect as a result of a finding of abuse, neglect, exploitation, mistreatment or misappropriation.
  - Proof of background checks for agency staff.
  - See Volunteer policy [19-02-01](#).
  - Screening for abuse/neglect/misappropriation shall occur through the reference process.
  - <https://exclusions.oig.hhs.gov/>
- Human Resource staff, Staff Development staff, and Bureau Directors shall train all staff on all aspects of this policy/procedure. This training shall include:
  - What makes member's at risk or vulnerable to abuse.
  - Appropriate interventions to deal with aggressive and/or catastrophic reactions of members;
  - How staff should report their knowledge related to allegations without the fear of reprisal;
  - How to recognize signs of burnout, frustration and stress that may lead to abuse:
    - Some signs may include deep fatigue beyond just being tired or sleepy, frequent headaches, insomnia or other sleep issues, stomach problems, short-tempered or quick to anger, feeling overwhelmed with the simplest of tasks, feeling resentful of the people being care for, etc.
  - What constitutes abuse, neglect, exploitation, and misappropriation of member property;
  - Requirements for reporting crimes or suspected crimes to Law Enforcement.
- This training shall occur:
  - Upon hire
  - At least annually with documentation of attendance.

## Wisconsin Veterans Home at King

### Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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- The facility shall provide a process by which members, member representative, family, staff, and others may report concerns, incidents, grievances, and crimes without the fear of retribution. This process shall be made known to the parties through one or more of the following: written notification, postings, member meetings, admission process, and facility training.
- The process by which members, member representative, family, staff, and others receive this notification shall be as follows:
  - Member/member representative/family receive written information including Rights of Nursing Home Member and Member Grievance Procedure upon admission and via literature and verbal discussion at member monthly meetings or any other formal/informal meetings. At the member's annual care plan meeting, the member and/or member representative will be given a copy of the Member Bill of Rights and Responsibilities.
  - New hires receive a copy of [01-01-07](#) Member Bill of Rights and Responsibilities, [WVH 01-02-29](#) Corporate Compliance Plan, 01-01-20 Prohibition and Prevention of Member Abuse, Neglect, Exploitation and [WVH 01-02-28](#) Use of Personal Wireless Handheld Devices.
- WVH-K shall institute policies and procedures to identify, correct, and intervene in situations in which abuse, neglect, exploitation, and / or misappropriation of member property is more likely to occur including:
  - Staffing in a manner that will both meet member needs and meet regulatory staffing requirements and provide detailed plans of care that are readily available to direct care providers.
  - Nursing Supervisor(s) are on duty 24 hours per day, 7 days per week.
  - Staff is to report sign of burnout to their supervisor.
  - Supervisors monitor staff burnout and offer assistance if needed.
  - Step in to assist others who may be frustrated or angry.
  - Develop and follow comprehensive behavior care plan interventions for those members needing such to include regular and consistent assessment and evaluation.
- All observed, noted allegations, or otherwise reportable incidents shall be reported as follows:
  - All staff: **Report to RN or supervisor AND the building Executive Director IMMEDIATELY.**

*Examples of events which must be reported include suspicious bruising of residents, or occurrences, patterns, and trends that may constitute abuse.*

- Staff shall immediately determine what measures shall be implemented for continued protection of member(s).

*The first priority shall always be to remove members from potential harm.*

- An initial evaluation of the incident shall be conducted. (quick look around)
- Initial reporting shall be completed by the nursing supervisor or Executive Director/designee, department director.
- All allegations must be thoroughly investigated.

## Wisconsin Veterans Home at King

### Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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- Members identified by staff as exhibiting abusive behavior toward staff or other members, which require professional services shall be referred to the appropriate health care provider(s) for evaluation.
- The facility shall report all incidents meeting regulatory criteria according to [DQA Memo 11-032](#) to the Division of Quality Assurance (DQA) (as soon as possible, not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not to exceed 24 hours from discovery of the incident), and complete a final report within 5 working days of the incident.
- Other officials such as local law enforcement and adult protective services shall also be notified within the above time frame.
- Facility staff shall identify and investigate all incidents of alleged member abuse, neglect, exploitation, or mistreatment, and member-to-member conflict, misappropriation of member property and injuries of unknown source.
- Necessary corrective actions for substantiated incidents shall occur and may include education, in-service training for the individual(s) involved and building wide, discipline, reassignment, and/or other actions depending on the investigation outcome.
- The facility shall maintain confidentiality and privacy at all times during all aspects of the investigation in order to protect members and innocent parties from potential harm that might result from disclosure of investigation information.
- Facility staff shall disclose to investigators all information related to an investigation, including its conclusion.
- Outside of the investigation process, facility staff shall only discuss information from an investigation that is necessary to carry out the functions of the facility.
- The Nursing Quality Improvement Committee shall review all patterns, trends or incidents that suggest need for changes in facility training, processes, systems, and/or policies and procedures and report findings to the QAPI Committee.
- The facility shall maintain records of incidents and accompanying information to meet legal and regulatory agency requirements.
- Each report of missing property shall be treated as equally important and every attempt shall be made to recover the member's missing property.
- It is the policy of the WVH-K to comply with the Elder Justice Act (EJA) about reporting a reasonable suspicion of a crime under Section 1150B of the Social Security Act, as established by the Patient Protection and Affordable Care Act (ACA), § 6703(b)(3). Specifically, it is the policy of WVH-K to:
  - STAFF MUST REPORT INCIDENTS OF ABUSE, NEGLECT, MISAPPROPRIATION, EXPLOITATION, OR INJURIES OF UNKNOWN ORIGIN TO SUPERVISOR IN ADDITION TO ANY REPORTING UNDER THIS ACT.
  - On an annual basis, notify all “*covered individuals*” (as that term is defined under the EJA) of their reporting obligations under the EJA to report a suspicion of a crime to the state survey agency (DQA) and *local law enforcement* for the *political subdivision* (city, county, township or village) in which WVH-K is located.

## Wisconsin Veterans Home at King

### Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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- Refrain from *retaliating against any employee* who reports a suspicion of a crime against an individual receiving care at WVH-K.
- Post a notice in a conspicuous location that informs all “*covered individuals*” of
  - their reporting obligation under the EJA to report a suspicion of a crime to DQA and *local law enforcement*; and
  - their right to file a complaint with the state survey agency if they feel WVH-K has *retaliated against an employee* who reported a suspected crime under this statute.
- WVH-K shall refrain from employing any individual who has been prohibited from working in a long term care facility because of failure to report a suspicion of a crime against a resident of a long term care facility; and
- Staff shall report all incidents of abuse, neglect, misappropriation, exploitation, or injuries of unknown origin to DQA. Facility also reports suspicion of crimes to local law enforcement.

#### **Procedure:**

1. The member’s interdisciplinary team (IDT) assesses, care plans, and monitors members with needs and behaviors which may lead to conflict, such as members with a history of aggressive/abusive behaviors.

#### **Identification, Protection, and Investigation**

2. Facility staff that identifies or is made aware of an allegation that an incident took place related to abuse, neglect, misappropriation, exploitation, member-to-member conflict, or injury of unknown source IMMEDIATELY (without delay) notifies the licensed nurse on duty.
  - A. In circumstances where it is suspected that a crime may have been perpetrated against a member, an Elder Justice Act report will be required. (see [01-01-20D](#))
3. Staff IMMEDIATELY (without delay) removes the member and other members who have the potential to be harmed from the harmful situation.
4. The licensed nurse IMMEDIATELY (without delay) notifies the Nursing Supervisor, who in turn notifies the Executive Director of the building/designee.

#### **If the incident is related to abuse, neglect or exploitation:**

1. RN IMMEDIATELY (without delay) confirms that the member is safe. This will include removing any accused staff person or member in case of a member to member conflict, from the immediate area or the unit.
2. The RN IMMEDIATELY (without delay) notifies the Nursing Supervisor to determine what further steps need to be taken to protect the member.
3. The Nursing Supervisor notifies the building Executive Director/Designee. If the Executive Director/designee determines the event or allegation is reportable to the Department of Quality Assurance (DQA), the report will be immediately prepared and submitted and any accused staff shall be placed on administrative leave pending the outcome of an investigation.
  - A. Through the investigatory process, the person, if known, who is alleged to have committed the act will be interviewed for their statement.
4. The Nursing Supervisor or Executive Director/designee conducts an initial evaluation of the incident.

## Wisconsin Veterans Home at King

### Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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5. The RN notifies the Member representative, if permission is given by member, of the alleged incident and informs them that a formal investigation is being conducted and they will be notified of the outcome by WVH-K staff.
6. If the allegation is toward another member or a person who is not employed at WVH-K, the Nursing Supervisor will contact security, if the situation warrants.
7. The RN initiates the Incident Report in electronic health record (EHR).
8. A list of possible witnesses is given to the Nursing Supervisor as soon as possible.
  - A. Copies of daily schedule, along with the Staff Statements [WDVA 3522](#) and [WDVA 3524](#) to be completed, are placed on the 24-Hour Report Board. Names of staff needing to provide statements will be highlighted. After statements are obtained, the names are crossed off on the daily staff schedule. The RNs follow up with all staff who were on duty and may have cared for or done a portion of care for the member at time of the discovery and during the two previous shifts.
  - B. After completion, the form should be either given directly to a supervisor or placed in a designated secure area.
9. The Nursing Supervisor continues the investigation process by interviewing the member and witnesses. The Nursing Supervisor may apply further restrictions to keep the member safe.
10. The Social Worker (SW) will be involved in taking statements from the members involved in the situation and those who also could have been affected by this or a similar incident.
  - A. Security, the Sheriff's Department, or Administration may be requested to take statements from someone who is not an employee.
11. If the incident was reported to the DQA Officer of Caregiver Quality, within 5 days of the incident the Nursing Supervisor/Executive Director/designee must submit the completed investigation findings to Administration for follow up submission.
  - A. Partially filled forms are available on the computer for management for each building.
12. The RN/SW/designee notifies the legal representative or member representative (if permission is given by member to contact), of the findings/outcome of the investigation.

#### **If the incident is related to injuries of unknown origin:**

1. The RN assesses the injury and documents the assessment in the member's clinical record.
2. If the member is not alert and oriented X3 (attentive, mentally functional and able to comprehend/identity of person, place and time), the RN initiates the Incident Report in the EHR.

*If a member is alert and oriented X3 and states the injury isn't the result of abuse, a note in the member's medical record will suffice. No Incident Report needs to be filled out. However, the Executive Director/designee must be notified. The injury shall be monitored as necessary.*

3. The RN reviews the chart for any evidence of prior incidents that may have caused injury.
4. The RN notifies the member's physician and member representative (if permission is given by member).
  - A. This notification is done immediately if there is an injury needing immediate attention. If immediate attention is not needed the notification must be within 24 hours.

## Wisconsin Veterans Home at King

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5. The RN notifies the Nursing Supervisor, who in turn notifies the Executive Director/designee. Together, a decision is made whether or not the incident will be reported to the DQA Office of Caregiver Quality.
  - A. Criteria to be reviewed if there is an injury AND the injury is suspicious because of:
    - 1) the extent of the injury OR
    - 2) the location of the injury OR
    - 3) the number of injuries observed at one particular point in time OR
    - 4) the incidents of injuries over time.
  - B. If investigating an injury of unknown origin that was not initially reported, the executive director/designee/nursing supervisor determines whether the incident needs to be reported post-investigation.
6. The RN interviews staff on duty looking for anyone who may have knowledge of an incident that caused injury to the member.
7. The identified staff document statements on the “Statement Related to Incident” [WDVA 3522](#) or Initial Statement Related to Incident [WDVA 3524](#). See 5. H.1) & 2) above.
8. The Executive Director/designee/Supervisor reviews staff statements to determine if any follow up questions should be asked.
  - A. If a statement contains inaccuracies or confusing information, the Nursing Supervisor asks the author of the statement to correct or clarify the information, then date and sign the clarification.
9. The RN or SW calls the member representative to update on the findings of the investigation.

#### **If the incident is related to Member Missing Property or Misappropriation**

1. Prior to admission new members are encouraged to bring only cash and valuables necessary for personal use. New members are assisted with labeling personal property they bring to WVH-K.
2. On admission, member/member representative is notified via the Admission Agreement and in the new member meetings of measures available to secure and identify money and other valuables.
3. Measures include
  - A. Securing property with family or legal representative.
  - B. Depositing funds in on-grounds credit union.
  - C. Securing valuables in lockable drawer or safe.
  - D. Putting limited, small valuables in building safe in the resident counselor's (RC) office.
  - E. Photographing valuables.
  - F. Maintaining a current inventory.
  - G. Labeling personal property.

*Failure of members to secure property according to facility policy does not negate this policy, including the requirement that a full investigation is done.*

4. During admission, the member's property is inventoried; RC takes digital pictures of valuable items (jewelry, cameras, keepsakes, etc.). These photographs are downloaded into the computer for use if items are reported missing.
5. When there is an inventory change, the “Member Inventory Change”, [WDVA 3131](#), is completed by nursing staff and turned in to the RC.
6. Permanent markers are made available to members for writing their names on items such as lotions or shampoos.



## Wisconsin Veterans Home at King

### Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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7. At quarterly or yearly reviews with the member, the IDT or designated person asks the member or member representative if the member has any new gifts or assets to record or place for safekeeping.
8. All staff is required to IMMEDIATELY (without delay) notify the licensed nurse for the member's unit, the nursing supervisor, or staff's immediate supervisor upon being notified of a loss or potential loss. Any person (including staff, member, member representative, or family/legal representative) may notify any WVH-K staff of suspected missing property.
9. A complete room search is to be conducted by 2 staff with the permission of member.
  - A. Complete the Room Search Checklist <H:/Services/AAUCFORMS/Checklist>
  - B. Inform the RN and/or Nursing Supervisor if the member refuses a room search.
10. If a report is made to the Non-Nursing Supervisor, that supervisor immediately notifies the Nursing Supervisor on duty.
11. Where there is both an allegation of misappropriation and substantial evidence against a staff member that is accused, the staff will be suspended (administrative leave) pending the outcome.
  - A. Notify Human Resource Department regarding putting the employee on administrative leave.
12. The RN starts to gather staff statements on [WDVA 3522](#) and [WDVA 3524](#) See 5. H. 1) & 2) above.
13. The incident is documented in EHR by the RN.
14. If unsure of whether the incident meets the criteria for reporting, the Nursing Supervisor consults with the building Executive Director/designee. Within 24 hours of WVH-K's notification that a member is missing property nursing management must decide whether the incident is reportable to the Sheriff or other officials. Follow through as instructed.
15. For Missing Property/Misappropriation reports, the Nursing Supervisor and other disciplines involved will add their summary after gathering data.
16. The unit RN/SW needs to append the initial report with the results. (ex: returned from laundry, found in member's winter coat pocket, etc.), if applicable.
17. The building Executive Director/designee/Nursing Management submits a follow-up report to DQA when an incident is closed (or if property is found) **after** form DDE-62447 has been submitted to DQA.

#### **Supervisor Reports:**

1. The Director of Nursing/designee prepares the investigation report for member Abuse/ Neglect/ Misappropriation and injury of unknown source investigations.
2. If it has been reported to DQA (abuse and neglect allegations are always reported to DQA), then a copy of the file containing the Supervisor Summary, the initial Incident Report, Staff Statements, supporting documentation, and the DQA Report are submitted as follows:
  - A. The original documents in the file are kept by Administration and a copy goes to the building Executive Director.
  - B. The final report, [Caregiver Misconduct Report Incident Report DQA F-62447](#) must be submitted to Office of Caregiver Quality within 5 days of learning of the incident.

## Wisconsin Veterans Home at King

### Member Smoking at WVH-K

Date of Origin: November 2011	No.: 01-01-41
Last Revision: October 6, 2016	Page 1 of 2
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#### Applies To:

- All Wisconsin Veterans Home at King (WVH-K) members, Interdisciplinary Team (IDT), Resident Counselor (RC), Administration

#### Purpose/Overview:

- To provide guidelines for smoking on the grounds of WVH-K.

#### Related Documents:

- [2009 Wisconsin Act 12](#)
- [Section 101.123](#), Wisconsin Statutes
- [HR-320](#) Smoking/No Smoking
- [VA 6.05](#)

#### Policy:

- All members shall abide by all rules, policy and procedures regarding smoking set forth by the WDVA.
- All members who smoke shall have a smoking assessment completed by the IDT at time of admission and annually thereafter as long as the member continues to smoke.
- The member's smoking assessment shall be reviewed at each quarterly care plan meeting and with any significant changes of condition by the IDT.
- Completed Member Smoking Assessment shall indicate if member may smoke independently.
- Smoking is banned in buildings, all smoking materials including cigarettes, cigars, pipes and E Cigarettes may only be used in the designated shelters.
- Supervised smokers must be fully visible by the person monitoring them.
- The smoking areas shall be monitored closely during extreme weather.
- Members are discouraged from buying, loaning, borrowing, or giving other members smoking materials.

#### Procedure:

1. Assigned Social Worker initiates Member Smoking Assessment [WDVA 3134](#) by meeting with member and reviewing any documentation related to member's smoking.
  - A. In the absence of a social worker the RN on duty may do this.
2. Provide a copy of [AD-130](#) Smoking Guidelines in WDVA Facilities to the member at time of assessment.
3. Nursing staff is assigned on all 3 shifts for a 24-hour period to observe member's smoking to assess ability to smoke independently.
  - A. If member does not smoke during the night shift, the third shift should be an additional a.m. or p.m. shift.
4. A collaborative approach by the IDT is used to develop the smoking care plan with interventions related to assistance needed for safe smoking, if applicable.

## Wisconsin Veterans Home at King

### Member Smoking at WVH-K

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5. IDT may request adaptive devices from Occupational Therapy (OT) to assist member in safe smoking.
  - A. Any adaptive/safety devices used must be identified on the smoking care plan.
    - 1) Safety equipment/measures must be in place prior to lighting the smoking material.
    - 2) Supervised smokers must be able to smoke safely without additional hands on help from the one monitoring the smoking member, once fully set up.
    - 3) Failure to abide by safety measures may result in loss of smoking privileges.
  - B. If adaptive equipment is not available, the member may have to purchase their own.
    - 1) Adaptive devices must be inventoried in Member Inventory in the Resident Information system.
    - 2) After discharge or death; RC will return the WVH-K device to therapy department to be cleaned and stored for future member use.
6. Member must agree to pay for any adaptive device issued from OT that they lose or destroy.
7. Supervised smoking may be restricted to certain times based on operational necessities.
8. Smoking cessation for the member may be required if after all efforts of staff via the care plan and adaptive devices have been tried and been unsuccessful in keeping member safe.
9. Documentation related to the member's ability to smoke safely is reviewed for any smoking related concerns or incidents. Assessment must be dated and signed to indicate that member's ability to smoke either independently or with assistance has been reviewed. If a significant change of condition, this is also documented by the IDT on the care plan review cover sheet.
10. Any member who begins smoking again after cessation must have a new Member Smoking Assessment completed. Follow steps listed under number 2 above.
11. Member smoking is allowed in designated areas only as listed below:
  - A. Member sitting shelters currently located behind Olson Hall and in between Stordock & Ainsworth Halls.
  - B. A temporary member smoking shelter is also currently located behind Stordock Hall.
  - C. Designated smoking area outside Marden Center off the coffee shop exit on lower level.
  - D. Designated park gazebo located across from Stordock Hall.
  - E. Designated area overlooking lake above King Fisher building.
  - F. Designated area in the Ainsworth-1 special care unit outdoor section.
12. The National Fire Protection Association Life Safety Code 101 requires each smoking area to be provided with:
  - A. Ashtrays made of noncombustible material and safe design.
  - B. Metal containers with self-closing covers into which ashtrays can be emptied must be readily available.
  - C. Oxygen tanks are not allowed in the area and must be turned off, removed from member, and secured in a designated area before they are taken into the smoke shelters.
  - D. Only members who are capable of self-preservation (i.e. can respond to a fire situation and evacuate without intervention of staff) are permitted to travel to and use the gazebo independently.
13. During extreme non-storm related weather, heat index above 90 or air temperature at 20 degrees or less and/or wind chills at or below 20 degrees. The assigned staff must physically go to the smoking area to check the welfare of the members.

# Wisconsin Veterans Home at King

## Health and Safety Hazards

Date of Origin: December 1993	No.: 14-00-03
Last Revision: January 2016	Page 1 of 1
Last Review: January 2016	Maintained By: Security

### Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff

### Definitions:

- Any non-medical conditions or practices in the workplaces which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through normal procedures. (Examples: flooding, electrical problems, chemical spill, fire, structural damage, etc.)

### Policy:

- Any one discovering a safety hazard shall notify Security.
- Security shall triage the situation to the most appropriate department/work unit for resolution.
- Security shall document all instances of reported safety hazards.
- In emergencies, Security implements the “Incident Command” system.

### Procedure:

1. Any staff who discovers a health or safety hazard does the following:
  - A. If appropriate, stays at the location of the concern to prevent others from accidental exposure.
  - B. Notifies Security.
2. Safety/Security assesses safety/hazardous incidents and directs initial responses.
3. Safety/Security controls the incident under the Incident Command System until properly relieved.
4. Safety/Security maintains contact information regarding resources to call in, or may contact Waupaca County Emergency Government for assistance.
5. Safety/Security documents all hazardous situations on Safety/Security’s incident report form and investigates as appropriate. Reports are sent to the appropriate supervisor for correction of the situation.
6. Supervisors will review all reports and either correct the problem or refer it through the appropriate channels for correction.
  - A. Any supervisor may receive such information.
  - B. If the concern involves a different work unit, the supervisor who originally received the information should ensure it is passed on to the appropriate party.
7. Safety/Security incident reports are submitted to WVH Administration for review and further actions.